

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER

6554-2

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD OF DISTRIBUTING LEADS TO A RECIPIENT

the specification of which (check only one item below):

☒ [X] is attached hereto.

☐ was filed as U.S. Patent Application Serial Number ____
on ____, as amended on __ (if applicable).

☐ was filed as a PCT international application number _____ on
_____, as amended under PCT Article 19 on __ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

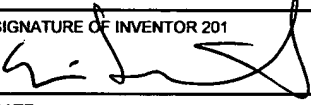
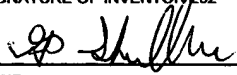
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:

PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:

COUNTRY (If PCT Indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY <small>(Includes Reference to PCT International Applications)</small>				ATTORNEY DOCKET NUMBER 6554-2	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS				STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED	PENDING	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS			
POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.					
Send Correspondence to: Customer Number 30448 Akerman Senterfitt Post Office Box 3188, West Palm Beach, FL 33402-3188			Direct Telephone Calls to: Theodore M. Green <div style="text-align: center;">561.653.5000</div>		
201	FULL NAME OF INVENTOR	FAMILY NAME FISHMAN	FIRST GIVEN NAME ERIC	SECOND GIVEN NAME S.	
	RESIDENCE & CITIZENSHIP	CITY PALM BEACH GARDENS	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP: UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 215 GRAND POINTE DRIVE	CITY PALM BEACH GARDENS	STATE & ZIP CODE/COUNTRY FLORIDA 33418/ USA	
202	FULL NAME OF INVENTOR	FAMILY NAME SKILLMAN	FIRST GIVEN NAME GREGORY	SECOND GIVEN NAME P.	
	RESIDENCE & CITIZENSHIP	CITY NORTH PALM BEACH	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 721 GUMTREE ROAD	CITY NORTH PALM BEACH	STATE & ZIP CODE/COUNTRY FLORIDA 33408/ USA	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202 
DATE 3-12-04	DATE 3-12-04